

POC accepted 10/12/09 by [signature]
 PRINTED: 08/12/2009
 FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED COPY C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 07/22/09 and finalized on 07/23/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00021439 was unsubstantiated. Complaint #NV00021524 was unsubstantiated Complaint #NV00022336 was unsubstantiated Complaint #NV00021170 was substantiated with deficiencies cited. (See Tag S0105, S0107) Complaint #NV00021309 was substantiated with deficiencies cited. (See Tag S0105, S0107) Complaint #NV00021449 was substantiated with deficiencies cited. (See Tag S0310, S0314)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000			
S 105 SS=F	<p>NAC 449.322 Housekeeping Services</p> <p>1. A hospital shall establish organized housekeeping services planned, operated and maintained to provide a pleasant, safe and</p>	S 105			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature] TITLE: CEO (X6) DATE: 8/28/09
 STATE FORM 6899 PZ141X If continuation sheet 1 of 9

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 07/22/09 and finalized on 07/23/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00021439 was unsubstantiated. Complaint #NV00021524 was unsubstantiated Complaint #NV00022336 was unsubstantiated Complaint #NV00021170 was substantiated with deficiencies cited. (See Tag S0105, S0107) Complaint #NV00021309 was substantiated with deficiencies cited. (See Tag S0105, S0107) Complaint #NV00021449 was substantiated with deficiencies cited. (See Tag S0310, S0314)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000			
S 105 SS=F	<p>NAC 449.322 Housekeeping Services</p> <p>1. A hospital shall establish organized housekeeping services planned, operated and maintained to provide a pleasant, safe and</p>	S 105			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 105	<p>Continued From page 1</p> <p>sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to keep the hospital rooms and bathrooms clean and sanitary and free from offensive odors, accumulation of dirt, rubbish, dust and safety hazards. (Patients #2, #3)</p> <p>Findings include:</p> <p>On 03/02/09, Patient #2 indicated his hospital room and bathroom were filthy and unsanitary. Patient #2 reported he went to use the bathroom and found the toilet seat and bathroom floor were splattered with feces and urine. Housekeeping did not clean the room or bathroom.</p> <p>On 10/23/08, Patient #3 indicated her hospital room was filthy and unsanitary. The patient's shower was broken and the patient's husband had to fix it in order for the patient to take a shower. The patient's toilet seat was covered with urine stains and the floor was filthy. From Friday morning until Saturday afternoon no housekeeping personnel cleaned the patient's room.</p> <p>On 07/22/09 at 10:00 AM, the Director of Patient Care Services indicated the facility had an outside contract for housekeeping and environmental services.</p> <p>On 07/22/09 at 11:15AM, a tour of the medical surgical units 2 North and 4 North was conducted with the Administrative Director and Director of</p>	S 105	<p>Immediately, overnight July 22 to 23 and continuous since then the facility has undertaken a systematic whole house cleaning schedule.</p> <p>The two patient units toured on 7/22 2North and 4 Pavilion were terminally cleaned overnight the 22nd, with engineering issues repaired. Also overnight 7/22 all patient bathrooms were inspected for working showers and repairs made or rooms taken out of service</p>	7/23/2009	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 105	<p>Continued From page 2</p> <p>Patient Care Services. The patients rooms, bathrooms and floors were inspected and found to be dirty and unsanitary. The facility had an accumulation of dirt, rubbish, dust and safety hazards in the rooms and bathrooms that were inspected. The following observations were made.</p> <ol style="list-style-type: none"> 1. In room 201, brown mold was located around the caulking and base of the shower in the bathroom. A used EKG (electrocardiogram) lead was stuck to the bathroom wall by the sink. Trash and a Betadine wipe was located on the bathroom floor. 2. In room 203, four chairs were located crammed into the shower area blocking the entrance to the shower, representing a safety hazard. 3. In room 204, brown mold was observed around the caulking at the base of the shower in the bathroom. The bathroom floor tile was dirty with brown dust stains. 4. In room 205, paint was chipped and cracking on wall over sink. Urine stains were on the toilet seat. The floor of the patient's room was dirty with gray dirt stains. 5. In room 217, the shower head was found disconnected from the shower wall and laying on a shower chair in the bathroom. Brown mold was located around the caulking on the base of the shower. Two chairs were located in the shower. Brown stains were located inside the toilet bowl. The housekeeper had signed and dated that the room and bathroom had been cleaned on 07/22/09 at 11:05 AM. 	S 105	<p>July 23, 2009 leadership met with our dialysis vendor's local leadership to discuss the dialysis machine shower hook up. Patients receive in room dialysis when they are on isolation. The dialysis technicians disconnect the shower heads to attach their water hoses however; they would not reconnect the shower heads. This practice stopped as of 7/23/09. Engineering is to be called to remove a showerhead for dialysis hook up. Engineering will then reattach the shower head after the completion of the dialysis. We are investigating the installation of a bivalve system. This would alleviate the need to remove and replace the showerheads.</p>	7/23/2009	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.
STATE FORM 6899 PZ1411

If continuation sheet 3 of 9

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 105	<p>Continued From page 3</p> <p>6. In room 219, a shower ring and plastic cap were on the bathroom floor. Brown mold was around the caulking at the base of the shower. The shower head was disconnected from the wall and lying on the floor of the shower.</p> <p>7. In room 222, the shower head was disconnected from the wall and lying on the floor of the shower. Two chairs were located inside the shower. One of the chairs was not a shower chair.</p> <p>8. In room 223, water damage that included discoloration and warping of the ceiling tile was located in the bathroom. Brown mold was located around the base of the shower. Yellow urine stains were located on the toilet seat. Tape was located on the floor under one bed. A used EKG lead was located on the floor next to a bed. The housekeeper had signed and dated the room had been cleaned by housekeeping on 07/21/09.</p> <p>9. In room 470, yellow urine stains were located on the floor by the toilet. Brown stains were on the bathroom floor under the sink. The shower head was disconnected from the wall and laying on the floor of the shower. A yellow stain was located on the sink in the bathroom. Two used alcohol wipes were located on the floor in the room. An oxygen tank was in the corner of the room unsecured in a rack.</p> <p>10. In room 471, trash was overflowing out of the waste basket in the bathroom. The toilet had multiple yellow urine stains on the seat.</p> <p>11. In room 472, a used EKG lead was located on the floor in the room along with 4 used alcohol wipes, one Betadine pad and a used Kleenex. The floor of the room was filthy with</p>	S 105	<p>A systematic room closure process was initiated on 7/23/09 with 4 rooms per night being taken out of service and terminally cleaned and engineering issues resolved. Showers are being scrubbed, floors stripped and waxed, walls are being patched and painted, ceiling tiles replaced. Toilet seats and or bases are being changed out if items are stained and stain unable to be removed. Rooms are inspected by leadership prior to the rooms being authorized to be reopened.</p>		7/23/2009

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

PZ1411

If continuation sheet 4 of 9

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 105	<p>Continued From page 4</p> <p>dust and brown dirt.</p> <p>12. In room 473, a used EKG lead was located on the floor. A patients oxygen nasal prongs tubing was lying on the floor. Brown stains were on the floor by the patient's bed.</p> <p>13. In room 474, the patient's urinal was lying on the floor by the patient's bed. Yellow urine stains were on the floor by the urinal. A fluid soaked newspaper was on the floor by the patient's bedside commode. A used tissue, 4x4 dressing and tape were on the floor by the patient's commode. Three patient basins were lying on the shower room floor blocking access to the shower. The toilet seat had multiple yellow urine stains on the seat.</p> <p>14. In room 490, trash was overflowing from the trash basket in the bathroom. A chair used for visitors was located inside the shower and was being used as a shower chair. The bottom of the shower head holder was broken and laying on the floor.</p> <p>On 07/22/09 at 12:30 PM, the Administrative Director and the Director of Patient Care Services confirmed that the sanitary conditions of the rooms and bathrooms inspected did not meet the facility's acceptable standards for sanitation and cleanliness and that the facilities 7 step cleaning process for patient rooms and bathrooms had not been followed in the rooms that were identified as being cleaned by housekeeping prior to the inspection. The Administrative Director and Director of Patient Care Services confirmed that needed repairs and deficiencies identified with the shower heads not being connected in several bathrooms in patients rooms were not reported or addressed by</p>	S 105	On July 22 & 23 education to clinical staff by Department Managers regarding the proper articles to be located in the shower: shower chair only. Clinical staff were reeducated that patient equipment must be kept off the floor or if finished with use, either disposed of or sent for cleaning and oxygen canisters are to be secured at all times.	7/23/2009	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 105	<p>Continued From page 5</p> <p>housekeeping staff or environmental services.</p> <p>On 07/23/09 at 8:30 AM, the Chief Operations Officer indicated he had an opportunity to tour the patients rooms inspected on 07/22/09. The Chief Operations Officer acknowledged the patients rooms and bathrooms did not meet the facility's standards for sanitation or cleanliness.</p> <p>A review of the facility's Environmental Services Policy and procedure dated 07/09 indicated the facility followed a 7 step cleaning process that included the following:</p> <ol style="list-style-type: none"> 1. Pull trash and linen. Remove and re-line all waste containers. Remove soiled linen. 2. High dust. Anything that can be reached should be damp wiped with the 456 II disinfecting solution. 3. Damp wipe. Be sure to include wall spotting, light switches, telephones, wall moldings dispensers, window sills and frames and furniture's. 4. Dust mop floor. 5. Clean bathroom. Start at door and end with toilet. Use a Johnny mop inside the bowl and wipe the outside with a cleaning cloth saturated with 456 II disinfecting solution. Mop the floor with the QC31 solution. Place a toilet band strip on each toilet after sanitizing. 6. Damp mop. 7. Inspect the room. Report any needed repairs. Correct any deficiencies. <p>Inspection Standards:</p> <ol style="list-style-type: none"> 1. Ceilings, ledges, countertops, furniture and cabinets are clean and free of dust. 2. Waste receptacles are clean, free of general build-up and re-lined. 	S 105	In addition all clinical staff were reeducated on the expectations of notification of housekeeping or engineering issues with in the facility to either the pertinent department or if no response to the chain of command.	7/23/2009

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 105	Continued From page 6 3. Floors are free of dust, debris, spills and body fluids. 4. Bathrooms are clean and free of dust, odors and build-up; fixtures are shiny and clean. Severity: 2 Scope: 3 Complaint #NV00021170 Complaint #NV00021309	S 105			
S 107 SS=F	NAC 449.322 Housekeeping Services 3. Cleaning must be performed in a manner to minimize the spread of pathogenic organisms. Floors must be cleaned regularly. Polishes on floors must provide a nonslip finish. Throw or scatter rugs must not be used except for nonslip entrance mats. This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to follow its housekeeping and environmental services policies and procedures and ensure cleaning was performed in a manner to minimize the spread of pathogenic organisms and to ensure patients rooms, floors and bathrooms were cleaned on a regular basis. Findings include: 1. Patient rooms and bathrooms signed off by house keeping personnel as being cleaned were found to be filthy with accumulation of dirt on the floors, mold in the showers, trash on the floors and urine stains on the toilet seats. Severity: 2 Scope: 3 Complaint #NV00021170	S 107	Starting July 22, 2009 the EVS managers attended training on room inspection and have increased their daily rounding and inspections. EVS Managers are following up on housekeepers after rooms are documented as being clean by staff to assure they are. Initiation of in-service on the proper 7 step cleaning process and trash removal was started on 7/22/09. In-service also includes the expectations of notification of engineering issues within the facility to engineering department or if no response to the chain of command. All housekeeping staff will have attended the in-service by September 30, 2009. The Infection Control nurse and Housekeeping Manager have met weekly since 7/22 to discuss any issues or concerns. Housekeeping leadership and engineering leadership are inspecting rooms with administration as the out of service rooms are noted to be terminally cleaned and repaired. Rooms are not put back in service if any issues remain. The Infection Control Nurse is rounding on the patient rooms having one on one discussion with housekeeping staff as needed.	9/30/09	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 107	Continued From page 7	S 107		
S 310 SS=D	<p>Complaint #NV00021309</p> <p>NAC 449.3624 Assessment of Patient</p> <p>1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to provide a patient with the appropriate decubitus ulcer assessment and care and failed to continually make a comprehensive and accurate assessment of the condition of the patients decubitus wounds and implement nursing interventions per facility wound care policy and procedure. (Patient # 5)</p> <p>Findings Include:</p> <p>1. The nursing staff failed to complete an initial admission nursing assessment on the patient or document the patients skin condition on admission.</p> <p>2. The nursing staff failed to follow facility wound care policies and procedures and assess and document the patients decubitus wound care status on a consistent basis on the facility's daily wound care documentation form.</p> <p>3. The nursing staff failed to assess and up-date the patients nursing care plan when the patients skin breakdown deteriorated. The nursing staff</p>	S 310	<p>Immediately on 7/22/09 a process was initiated where the unit clinical supervisors run end of shift incomplete reports on our new clinical information system. The clinical information system was rolled out on May 28, 2009. The bedside nurse is told what is missing regarding shift documentation and the expectation is this will be completed by the end of shift or within the required timeframe (12 hours after admission for initial nursing assessment). If items are left incomplete this incomplete information report will follow a patient when they are transferred between departments. The new computer based initial assessment includes a daily skin assessment. Plans of Care populate the system if there is a skin issue noted. Daily update of Plans of Care is required. This computer system takes the place of the paper documentation. Effective August 25, 2009, the shift incomplete reports will be audited by the unit manager. The unit manager will validate five (5) charts per week and submit the validation form to the Performance Improvement Department. The Skin Wound Team (SWAT) membership was expanded in July 2009 to include a member from each of the clinical units, a representative from physical therapy and dietary. The team will review the current wound care policy by September 30, 2009. The team will establish an ongoing skin/wound care educational process. The team meets monthly. Completion of two mandatory computer based modules will be required of all nursing, physical therapy and CNA staff. The first course is Wound Care - Pressure Ulcers, the second is The Science of Surfaces.</p>	<p>7/22/09</p> <p>8/25/09</p> <p>9/30/09</p>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/23/2009
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
S 310	Continued From page 8 failed to initiate more aggressive nursing interventions when the patients skin condition deteriorated. Severity: 2 Scope: 1 Complaint #NV00021449	S 310	A wound care and documentation educational session is being conducted on September 08, 2009. An additional session is being conducted in October, the date still to be determined.	
S 314 SS=D	NAC 449.3624 Assessment of Patient 3. The hospital shall ensure that the hospital staff develop and keep current a plan of care for each inpatient based on the assessed needs of the inpatient. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to follow its policies and procedures and ensure nurses up-dated a patients decubitus wound care nursing care plan based on the assessed needs of the patient. (Patient #5) Findings include: 1. The nursing staff failed to assess and up-date the patients nursing care plan when the patients skin breakdown deteriorated. The nursing staff failed to initiate more aggressive nursing interventions when the patients skin condition deteriorated. Severity: 2 Scope: 1 Complaint #NV00021449	S 314	Initiated a new electronic nursing documentation system on May 28, 2009. The system includes nursing care plans driven by individual patient assessment criteria input into the computer system. The care plans are updated daily based on the nursing shift assessments. The clinical supervisors are running an incomplete data report at the end of shift to see what items have been left incomplete and notifying the bedside nurses of the requirement to complete. Completion of two mandatory computer based modules will be required of all nursing, physical therapy and CNA staff. The first is Wound Care - Pressure Ulcers, the second is The Science of Surfaces. A wound care and documentation educational session is being conducted on September 08, 2009. An additional session is being conducted in October, the date still to be determined.	10/31/09 10/31/09

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

PZ1411

If continuation sheet 9 of 9